

## **MHSA Concerns and Recommendations**

**David Weikel**

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1. **Concern:** Additional Reporting requirements and administrative costs.

**Recommendation:** Use existing performance indicators

2. **Concern:** Ongoing robust stakeholder planning process

**Recommendation:** Build the quality improvement aspect of stakeholder involvement into existing processes, such as expanding local mental health boards and the annual POQI survey, rather than adding other siloed stakeholder processes. This would follow the MHSA principle of better funding a service so that it can do what was intended.

3. **Concern:** If the two processes above are implemented as written, it will lead to more funding going to program administration rather than direct services.

**Recommendation:** Use existing outcome indicators for the Quality Improvement process.

4. **Concern:** Siloing MHSA planning from the rest of the system.

**Recommendation:** Given the state of the federal and state budgets, all funding should be considered for planning, not just MHSA. Given that many counties are having to cut back to their mandated target populations that meet medical necessity and therefore qualify for Medi-Cal, all funding should be considered so that as much need can be met with the given resources.

5. **Concern:** Community integration being overlooked as a Quality Improvement indicator.

**Recommendation:** Given that public mental health will never have the capacity to meet all of the mental health services needs in any county, community integration that promotes braided funding, leadership and resources and resource leveraging is key to address the huge unmet need and should be used as a Quality Improvement indicator. Integration should be a “two-way street.” Counties should integrate services into the community and the community should be integrated into the county (simultaneous outreach and in-reach).

**Question:** Can this be measured using existing performance indicators (e.g. mental health board membership)? Mental Health Boards, POQI, SOC's?

6. **Concern:** How do we measure consumer and family member staff integration into public mental health workforce and the culture shift needed for this to successfully happen? This would be a great Quality Improvement indicator. For example, it is still only marginally acceptable to “come out” as a consumer and/or family member if a person is in a clinician position or manager.

**Recommendation:** Develop a system to track the progress of consumer and family member employees, with existing measures.